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**FILED**

**6/7/2016**

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

Cordero Guadalupe Cump

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

**RECEIVED**

FEB 16 2016 EAG  
2-16-16

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Thomas Dart

Joseph Brown

Dominguez #315

Hill #3140

Dr. Murrillo #15921

Cook County Jail/Cook of Illinois

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

16-cv-2329  
Judge Rebecca R. Pallmeyer  
Magistrate Judge Jeffrey Cole  
PC11

CHECK ONE ONLY:

AMENDED COMPLAINT

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

**I. Plaintiff(s):**

- A. Name: Cordero Grandle Crump
- B. List all aliases: Cordero Crump
- C. Prisoner identification number: C-N18883
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. box 089002 div 08-RTU-3-A

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Thomas Dart  
Title: Sheriff of Cook County  
Place of Employment: Cook County Jail
- B. Defendant: Joseph Brown  
Title: Superintendent  
Place of Employment: Cook County Jail
- C. Defendant: Dominguez # 315  
Title: Commander  
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: D. Murillo star #  
15921

Title: officer

Place of employment:

cook County Jail

E- Defendant: Hill star #  
3140

Title: Sergeant

Place of employment: cook County Jail

F Defendant: Cook County Jail/Cook of Illinois

Title: N/A

Place of Employment: NA

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.



**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On June 6, 2015 at approximately 1315 hrs on  
division 08-RTU-3-B - bathroom, I (Cordero Camp <sup># 0329145</sup>)  
was sexually assaulted by C/o murillo # 15921 and  
Sergeant Hill # 3140 When Sgt. Hill demanded for me to  
step into the stall area out of the camera view and  
remove all my clothes. When I gave him my clothes  
I asked what was this all about C/o murillo and  
Sgt. Hill stated this is how they do strip searches.  
Then was order to turn around and bend over. Then  
was ordered if I say anything I was going to get  
searched again. When Sgt. Hill saw that I was  
upset with his command he then ordered  
everyone on the tier to go out-side for a shake  
down. A shake down resulting with only me  
going to segregation. After writing several grievances  
and filing for an investigation none of my request  
was rewarded because Commander Dominguez #  
315 report stated he saw me removing extra clothes.

Where as no extra clothes were removed nor confiscated during the incident.

On 6-6-15 C/o Murillo and Sgt. Hill initiated the Strip Search that took place in the Cook County Jail division 08-RTU-3-B-bathroom

6-6-15 I put in a grievance requesting an investigation be taken so C/o Murillo and Sgt. Hill be discipline for their actions. On 6-10-15 my request was denied because Commander Dominguez stated Inmate was observed removing extra clothes by the Sargent.

7/2/15 after Submitting several grievances my grievance was forward to RTU-Joseph Brown to hear this matter. With no Satisfactory my request of findings are still unresolved.

Thomas Dart is the overseer of all the people named in my complaint

The Cook County Jail / Cook of Illinois is responsible for me, my health and safety. The Cook County Jail has provided me with a ~~po~~ copy of the inmate rule book

Chapter 3: Inmate Rights; section 3. I have a right to be free from Sexual abuse, sexual harassment, or sexual intimidation by other inmates and/or CDOC staff and chapter 5: Inmate responsibilities; section Strip Searches

Strip searches of inmates are only conducted in the limited circumstances, where there is reasonable belief that you (the inmate) may be in possession of an item of contraband. In the event of a strip search, all necessary steps will be taken to ensure your privacy. The removal or rearranging of clothing reasonable requires rendering medical treatment or assistance, or the removal of outer clothing such as coats, ties, belts, or shoelace does not constitute a strip search. There are no reports via CDOC staff that a strip search was conducted so there was no reasonable belief that I was in possession of any contraband and no medical treatment or assistance was present during the removal of the clothing required by C/O Murillo and Sgt. Hill.

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Compensatory Damages Punitive Damages Awarding  
of reasonable Attorney fees, Costs and litigation Expenses.  
Such other reliefs as the court may deem just or  
Equitable along with pain and suffering emotionally.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 19 day of November, 2015

  
(Signature of plaintiff or plaintiffs)

Cordero Quandle Crump  
(Print name)

20140329145  
(I.D. Number)

Chicago, Illinois 60608

P.O. box 089002 DN 08RTU-3-A  
(Address)





**SHERIFF'S OFFICE OF COOK COUNTY  
OFFICE OF PROFESSIONAL REVIEW  
COMPLAINT REGISTER**

<b>Complainant Information</b>	NAME (Last, First, M.I.): <u>Crump, Cordero Q</u>		AGE:	DATE OF BIRTH: <u>October 26, 1987</u>	HOME #:
	HOME ADDRESS: <u>2600 California</u>		CITY: <u>Chicago</u>		WORK/OTHER #:
	STATE: <u>Illinois</u>	ZIP CODE: <u>60608</u>	STATE ID/D.L.W.:		STATE OF ISSUANCE:
	I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725.3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
<b>Complainant Information</b>	DATE OF INCIDENT: <u>June 6, 2015</u>		TIME OF INCIDENT: <u>approx 1315 hrs</u>		
	LOCATION OF INCIDENT: <u>2600 California - division 08-RTU-3-B bathroom</u>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	<u>RTU Supervisor Sergeant Hill - 2nd shift</u>				
	<u>Deck officer Murillo - 2nd shift</u>				
<b>Witnesses</b>	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP			HOME PHONE #
	<u>Sonny Hendricks</u>	<u>2600 California Chicago, IL 60608</u>			<u>N/A</u>
<b>Narrative</b>	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<u>On June 6, 2015 at approx 1300 hrs on division 08-3-C I was confronted by Sgt. Hill and c/o Murillo in the rest room and was ordered to go to the back stall for a strip search. I was told to step out of the camera view and take off my clothes. I did as I was told and threw my clothes out to be checked then I was ordered to bend over and open my mouth. Afterward I was threaten if I say anything I was going to get</u>				
	<input checked="" type="checkbox"/> CONTINUED ON REVERSE				

FOR OFFICE USE ONLY  
DATE COMPLAINT RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

LAD/SG #:



## Complaint Narrative (Continued)

Shaken down. When Sgt. Hill saw that I was upset with his threat He made good of his threat and ~~shook me down~~. Ordered everyone on the tier to go outside on the patio. So he and e/o murillo can conduct a shake down on the tier. I was later placed in segregation for contraband that was placed on me. I felt sexual harassed by the way the strip search was conducted and according to the inmate handbook Chapter 3, number 3: I have the right to be free from sexual abuse, sexual harassment, sexual intimidation by other inmates and/or CCDC staff.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Corder Q. Crump  
(Print Name)

Complainant's Signature:

C. Crump

Date:

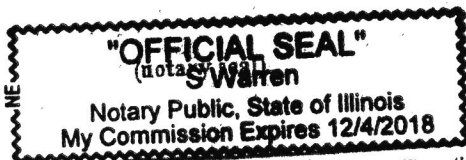
July 2, 2018

State of Illinois )  
County of Cook )

Signed and sworn to before me on

7-2-18 by  
(date)

C. Crump  
(name of person making statement)



S. Warren  
(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. **PERJURY IS A CLASS 3 FELONY.**

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review  
3026 S. California  
Chicago, IL, 60608





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2452932

## INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Crump

INMATE FIRST NAME (Primer Nombre):

Lordero

ID Number (# de identificación):

20140329145

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

240 Misconduct nonphysical  
swim staff

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DIRECTOR &amp; RTO

DATE REFERRED:

6/9/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Will REVIEW TIER CAMERA CONCERNING THIS GRIEVANCE.

INMATE WAS OBSERVED REMOVING EXTRA CLOTHES BY THE SERGEANT.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LINDA DOMINQUEZ

SIGNATURE:

Linda P. 315

DIV. / DEPT.

RTH

DATE:

6/10/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

7/2/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

/ /

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

~~if camera was reviewed it will show that all my clothes were removed. I first took off my D.O.C. shirt with my white t-shirt inside, then my D.O.C. pants with my white boxer underwear inside and last my black socks. I was completely nude.~~

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

/ /



# Grievance Response Form

Re: DETAINEE NAME: CRUMP CORDEBO BOOKING ID: 2014-0329145

Please review the response(s) to your Grievance dated: 7/2/15 2<sup>nd</sup> Request

☒ **DOC General Order 14.7** provides the Rules and Regulations for Inmates. Paragraph II M.3. states grievances will not be initiated regarding findings of the Inmate Disciplinary Hearing Board including restitution amounts. An appeal of the board's findings regarding discipline may be made directly to the division Superintendent or designee.

☐ A review of the disciplinary report pursuant to your grievance indicates the divisional staff served this disciplinary report to the detainee with the detainee's affixed signature or marked "**REFUSED**" or documented (time stamped) in CCOMS.

☐ **Pursuant to DOC General Order 14.7 & Sheriffs Order 11.14.8.0 4.d.** detainees may be placed in segregation administratively pending a disciplinary hearing and could be assigned to an alternate living unit after 72 Hours if considered non-threatening to the institution. All pre-hearing segregation time served in pre-hearing segregation will be credited against any subsequent disciplinary detention imposed. **(72 Hours does NOT expire the disciplinary infraction)** **Pursuant to Jail Standards Section 701-160 Discipline.**

☐ **Pursuant to DOC Sheriff's Order 11.14.8.0 C.2.** No disciplinary hearing shall commence more than eight (8) days (inclusive of weekends and holidays), after the infraction or the discovery, unless the inmate is **UNABLE** or **UNAVAILABLE** for **ANY** reason to participate in the disciplinary proceeding. This is inclusive of detainees administratively placed in an outline County.

☐ **Pursuant to DOC Sheriff's Order 11.14.8.0 C.3.** When an inmate received an infraction but is transferred administratively to an outline County, and does not return to CCDOC within thirty (30) days, the Disciplinary Hearing Coordinator or Team shall forward the Inmate Disciplinary Report to the appropriate County via the Transportation Unit.

☐ **Pursuant to DOC Sheriff's Order 11.14.8.0 G.2.a.** The Disciplinary Hearing Team may refuse to call witnesses in instances where it would be inconsistent with institutional safety or when the witness testimony is cumulative.

☐ **This grievance more than 15 days past the event.** "This issue is outside the permissible time for grieving."

☒ **This is a divisional grievance – please forward to the appropriate division.**

W. H. Rohde  
Inmate Disciplinary Unit  
Hearing Board

Date

RTU - Joseph Brown

7/30/15

Inmate Serv.  
Copy